FORM D

NOV 0 7 2005

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per respon	se16.00						

243815

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
ļ						

Type of Filing: New Filing Amendmen	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	er	
Name of Issuer (check if this is an amendmen	t and name has changed, and indicate change.)	05071063
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11200 Richmond Avenue; Suite 280; Housto	n, Texas 77082	281-649-4300
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Type of Business Organization		E STORE TO STORE THE STORE
··		olease specify):
	ed partnership, to be formed	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 \sim

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	1.1.200			
Amidee Capital Group, L	•				
Business or Residence Addre 11200 Richmond Avenue			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	·····		, , , , , , , , , , , , , , , , , , ,	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
11200 Richmond Avenue	•		,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Cook, Judith B.	f individual)				
Business or Residence Addre 11200 Richmond Avenue	•	Street, City, State, Zip Custon, Texas 77082	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i Davis, Marjorie P.	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	•	Street, City, State, Zip Custon, Texas 77082	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kirton, Wayne	f individual)				
Business or Residence Addre 11200 Richmond Avenue	`		Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Hayden, David A.	f individual)	-			
Business or Residence Addre 11200 Richmond Avenue	•	Street, City, State, Zip Custon, Texas 77082	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
<u> </u>	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

			MINITED STATES		B. I	NFORMAT	ION ABOU	T OFFERI	NG		4440				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No		
1.	Answer also in Appendix, Column 2, if filing under ULOE.											X			
2.												_{\$} 50,	00.00		
													No		
3.												K			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.															
Full Name (Last name first, if individual)															
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)			1 211111 1111			4 WEST 50		
	ne of Ass IsonReid		oker or De	aler											
Stat	es in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers								
	(Check	"All States	or check	individual	States)						•••••	☐ Al	l States		
	AL	AK	AZ	AR	C/A	CO	CT	DE	BC	EL	GA.	HI	W		
	IZ.	IN	IA	KS	KY	LA.	ME	MD	MA	MI	MN	MS	MO		
	MT RI	NE SC	NV SD	NH TN	TX.	NM UT	NY VT	VA	ND WA	OH W/V	WI.	QAR WY	PA PR		
Full	Name (I	Last name :	first, if indi	ividual)											
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)				•				
Nan	ne of Ass	sociated Br	oker or Dea	aler											
Stat	es in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers					<u></u>			
	(Check	"All States	" or check	individual	States)		•••••	••••••			••••••	☐ A1	l States		
	AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR		
					<u> </u>	[01]		ŪΑ	WA	<u> </u>	WI	LW I			
Full	Name (Last name	first, if indi	ividual)											
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)								
Nam	ne of Ass	sociated Br	oker or Dea	aler											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
Stat	es in Wh	(Check "All States" or check individual States)													
Stat				individual	(Check "All States" or check individual States)										
Stat				individual	States)	CO	[CT]	DE	DC	FL	GA	HI	States		
Stat	(Check	"All States	" or check												

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C: OFFERING PRICE. NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$ 757,500.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$_757,500.00

C, OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross procee each of the purposes shown. If the amount for any process is the amount for any process in the amount for any process.	arpose is not known, furnish an estimate an	d	
	check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C		SS	
	• \		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$_252,500.00	
	Purchase of real estate		. 🔲 \$	\$
	Purchase, rental or leasing and installation of machine	ery		
	and equipment			
	Construction or leasing of plant buildings and faciliti	•	. 🔲 \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets of	r securities of another		
	issuer pursuant to a merger)			_
	Repayment of indebtedness		· 	
	Working capital Other (specify): Purchase Tax Dees & Liens		s_4 040 000.0	. □\$
	Other (specify):		\$_1,0,0,000	, [] ₂
			. 🔲 \$. 🗆 \$
	Column Totals		. 🗆 💲 4,292,500.0	0.00
	Total Payments Listed (column totals added)			292,500.00
		D. FEDERAL SIGNATURE	and the second of the second o	as a subject that are added
201			,	
sig	e issuer has duly caused this notice to be signed by the unc nature constitutes an undertaking by the issuer to furnish	to the U.S. Securities and Exchange Comm	ission, upon writte	
the	information furnished by the issuer to any non-accredi	ted investor pursuant to paragraph (b)(2) of	Rule 502.	
Issi	uer (Print or Type) del 2000 Real Fotate Acquisition 4 Lehabilitation Investment Program Ltd	gnature	Date // - / -	-05
	me of Signer (Print or Type)	tle of Signer (Print or Type)		**************************************
1	nes T. Cook, Jr.	esident & CEO		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		100					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠					
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnishe issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.							
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behathorized person.	lf by the	undersigned					
Amidee <u>Reha</u>	Print or Type) Date Date Dilitation Investment Program, ita. Date Tiple (Print or Type)	- 05						

President & CEO

Instruction:

James T. Cook, Jr.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE and aggregate offering price (if yes, attach Intend to sell explanation of to non-accredited Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No **Investors** Investors Yes No Amount Amount ALΑK AZAR CACO CTDE DC FLGA Н ID ΙL ΙN ΙA KS KY LA ME MD MA ΜI MN MS

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of amount purchased in State (Part C-Item 2) offered in state waiver granted) investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No State Yes No Investors Amount **Investors** Amount MO MTNE NVNH NJ NM NY NC ND OH OK OR PA RI SC SDTN TXUT VT VA WA wv

WI

APPENDIX									
1		2	3			4		5 Disqua	lification
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				(if yes, explan waiver	ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									